

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SYSTEMS AND METHODS FOR SEARCH  
PROCESSING USING SUPERUNITS

Attorney Docket Number:: 17887-011800US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Shyam  
Middle Name::  
Family Name:: Kapur  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 955 Escalon Ave. #309  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Jignashu  
Middle Name::  
Family Name:: Parikh  
Name Suffix::  
City of Residence:: Jamnagar, Gujarat  
State or Province of Residence::  
Country of Residence:: India  
Street of Mailing Address:: "Girivar"  
Postal Address Line Two:: Behind Mayur Bungalow  
Postal Address Line Three:: Opp. Khodiyar Temple

Postal Address Line Four:: Aerodrome Road  
City of Mailing Address:: Jamnagar, Gujarat  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 361008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Deepa  
Middle Name::  
Family Name:: Joshi  
Name Suffix::  
City of Residence:: Santa Clara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 900 Pepper Tree Lane #1614  
City of Mailing Address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95051

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	35,819	Philip H. Albert
Associate	51,588	Cathy E. Cretsinger

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is	An application claiming the benefit under 35 USC 119(e) of	60/510,220	10/09/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::